

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14594** (8)
1. Corporation Name
EVANGELIST TEMPLE CHURCH OF GOD IN CHRIST INC.



Principal Place of Business
**1893 ROWE AVENUE
JACKSONVILLE FL 32208-3211**

Mailing Address
**6920 PEARL ST.
JACKSONVILLE FL 32209
US**

2. Principal Place of Business
21 **6920 North Pearl St.**
Suite, Apt. #, etc.
22
City & State
23 **JACKSONVILLE, FL**
Zip Country
24 **32209** 25
2a. Mailing Address
26 **6920 North Pearl St.**
Suite, Apt. #, etc.
27
City & State
28 **JACKSONVILLE, FL**
Zip Country
29 **32209** 30

3. Date Incorporated or Qualified
04/22/1986

3a. Date of Last Report
02/13/1995

4. FEI Number
59-2672862

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**REED, CHARLES W.
4510 TRENTON DRIVE NORTH
JACKSONVILLE FL 32209**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BELL, SHIRLEY	
STREET ADDRESS	5033 GRANN LLOYD DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	IRVING, BENJAMIN F.	
STREET ADDRESS	5850 MONCRIEF ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PETERSON, CENTRAL	
STREET ADDRESS	2654 WILKINS CT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	PECK, MARCUS	
STREET ADDRESS	7840 JEFF DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	CHARLES W. REED	
STREET ADDRESS	4510 TRENTON DRIVE NORTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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-03/18/96--01085--005
***70.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)